

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Resident Programming</u> STATEMENT NUMBER <u>7.05</u>
SUBJECT: FAMILY CRISIS VISITS/FUNERAL ATTENDANCE	EFFECTIVE DATE <u>12/15/02</u>
	REVIEW DATE <u>12/15/03</u>
	SUPERCEDES PPD# <u>7.5</u>
	DATED <u>01/15/01</u>
ISSUING OFFICER: <u>Phil Stanley, Commissioner</u>	DIRECTOR'S INITIALS _____
	APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- I. **PURPOSE:**
To establish a process for allowing eligible inmates to assist their families in times of crisis or to attend the funeral of a family member, and it also implements RSA 623:1(II).
- II. **APPLICATION:**
All staff and all inmates of Departmental facilities.
- III. **POLICY:**
Consistent with safety and security, a resident will be allowed to visit the bedside of a terminally ill family member, attend that member's funeral or immediately assist his family in other extraordinary and emergency circumstances.
- IV. **PROCEDURE:**
- A. "Immediate family" for terms of this policy means father, mother, brother, sister, spouse, children as verified by the Department.
 - B. When a staff member is approached by an inmate or receives an outside call concerning a family crisis, the staff member will gather the following data using the Family Crisis/Funeral Request form (see attachment 1):
 1. Name of immediate family member who has died, is terminally ill or has been injured;
 2. Relationship to inmate;
 3. Circumstances of crisis;
 4. Location (State, city, street and number) of funeral or hospital;
 5. Time of funeral or visiting hours;
 6. Expected life span or amount of danger if illness or injury;
 7. Name and phone number of person who can be contacted for further information; and
 8. Name and phone number of doctor or funeral home, as appropriate.
 - C. The Family Crisis/Funeral Request form will then be given to the inmate's Unit Manager. The Unit Manager or Case Manager (CC/CM) will verify the above data. If no Case Manager is available in

the Institution, then a member of the Chaplain staff may verify the information.

- D. The Unit Team will review the verified Family Crisis/Funeral Request form, consider the inmate's history, current situation and status and make a recommendation along with a justification.
- E. The request will be brought to the Warden/designee for final disposition.
- F. The Chaplain staff is available to inmates and staff to assist inmates in their time of need and help inmates decide how they can best assist their families.
- G. Although overtime may be authorized for corrections officers accompanying inmates, no crisis visit will last more than two hours, exclusive of travel time.
- H. Suitable security arrangements will be approved by the Warden at the same time the visit is approved. Suitable consideration will be given to the custody grade of the residents (PPD 5.28).
- I. When an armed escort is to accompany the inmate, local law enforcement authorities at the destination will be advised of the trip and the name of the inmate being escorted. Where appropriate, agencies en route may be notified.
- J. Inmates should be advised in advance of the security precautions to be taken in their individual case since sometimes they choose not to make the visit under the imposed security restraints.
- K. Inmates whose behavior is out of control or who may become irrational or dangerous at emotional scenes, may be denied such visits or such visits may have to be arranged out of view of others.
- L. Inmates will not be approved for crisis home visits that would occur outside the State of New Hampshire. Inmates who are approved for a crisis home visit to the bedside of a terminally ill family member will not be approved for a second bedside visit or attendance at the funeral of that same family member.

REFERENCES:

Standards for the Administration of Correctional Agencies

Second Edition. Standards

Standards for Adult Correctional Institutions

Third Edition. Standards

3-4392

Standards for Adult Community Residential Services

Fourth Edition. Standards

Standards for Adult Probation and Parole Field Services

Third Edition. Standards

Other

RSA 623:1(II)

CATTELL/pf

Attachment

FAMILY CRISIS/FUNERAL REQUEST

Inmate Information		
Inmate's Name: _____	ID No.: _____	Unit: _____
Crime: _____	Custody Level: _____	Sentence: _____

Requesting Person's Information		
Name: _____	Relationship: _____	
Phone No.: _____		
Date Notified: _____	Confirmed: Y / N By: _____	
Type of Request: <input type="checkbox"/> Bedside Visit <input type="checkbox"/> Attendance at Wake <input type="checkbox"/> Attendance at Funeral		

Ill/Deceased Family Member Information	
Name: _____	Relationship: _____
Name of Hospital/Funeral Home: _____	
Street Address: _____	City/Town: _____
Phone No.: _____	Contact Person: _____
Date of Proposed Visit: _____	Time of Proposed Visit: _____
Directions: _____	

Unit Team Comments re: inmate's usual behavior, disciplinary history, other concerns	
Unit Recommendation: _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
Date forwarded to Warden: _____ By: _____	

Warden	
Warden/Designee's Decision: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Signature _____	Date _____

Operations/Security Office		
Transportation Notified: _____ By: _____		
Time of Departure from Facility	Time of Arrival at Event	Time Returned to Facility
Transporting Officer(s): _____		